

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 4-8-02.
- b. The request was received on 7-10-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA
 - c. EOB and reaudit dated 6-24-02
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR 116) that was mailed to the Requestor on 7-30-02. The Requestor did not respond as required by Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). The Respondent's three (3) day response is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement noted in the dispute packet.
2. Respondent: No position statement noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 4-8-02.

2. The carrier has denied the disputed service as reflected on the EOB as, “N – TG – DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODES’ VALUE PER RULE 133.301 (b). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE BILLED MAY BE SUBMITTED.”

“Reaudit dated 6-24-02 – “Reimbursement is denied for the service billed as the documentation submitted does not support the specific level of service billed as it is defined in the 1996 TWCC Medical Fee Guideline. Rule 133.301 prohibits carriers from reimbursing a service at another billing code’s value therefore no reimbursement can be recommended for the service billed in comparison with the documentation. Please submit a revised CPT code or any additional documentation which may support the service billed.”

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
4-8-02	99214	\$110.00	\$71.00	N TG	\$71.00	Texas Workers' Compensation Act & Rules 133.307 (g) (3) (B); CPT Descriptors	When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. Also, Commission Rule 133.307 (g) (3) (B) requires “a copy of any pertinent medical records or other documents relevant to the fee dispute” be submitted. The Requestor has failed to supply any medical documentation for this dispute. Therefore, no additional reimbursement is recommended.
Totals		\$110.00	\$71.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 5th day of December 2002.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

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